

EHRP SECURITY AUTHORIZATION FORM

☐ New User Profile ☐ Inactivate User Profile
☐ Modify User Profile/Current User ID (_____)

Completed by Security Administrator:
New User ID: _____
Row Security Code: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____
(Please print)

TITLE: _____ PHONE #: _____

IC: _____ EMAIL Address: _____

Are you a Contractor? (Circle One): YES NO If YES, enter contract end date: _____
(MM/DD/YY)

ACCESS ADMIN CODE(S): * _____
* Users not in the Office of Human Resources require Dir-HR Center-Bethesda approval for admin code "HN" access (all of NIH)

CORE ROLES (Select 1 Only)

| | |
|-----------------------------|----------------------------------|
| ____ Agency Super User | ____ HR |
| ____ Agency SU No S/W PM VO | ____ HR (VO) No Comp Emp or HHS |
| ____ Agency SU No S/W | ____ HR & PosMgtViewOnly |
| ____ Agency Power User | ____ HR (View Only) |
| ____ Agency PU No S/W PM VO | ____ Management (VO) No Comp Emp |
| ____ Agency PU No S/W | |

PAR WORKFLOW ROLES (Select As Many As Necessary)

| | |
|-------------------------------------|---------------------|
| ____ PAR Requester | ____ PAR Approver |
| ____ PAR 1 st Authorizer | ____ Reviewer (PAR) |
| ____ PAR 2 nd Authorizer | ____ PAR Processor |

RECRUIT WORKFLOW ROLES (Select As Many As Necessary)

| | |
|---|------------------------|
| ____ Recruit Requester | ____ Recruit Approver |
| ____ Recruit 1 st Authorizer | ____ Recruit Reviewer |
| ____ Recruit 2 nd Authorizer | ____ Recruit Processor |

SYSTEM SUPPORT / SUPPLEMENTAL ROLES

| | |
|-------------------------------|--|
| ____ Agency SW Administrator | ____ EEO (View Only) **Requires EEO Approval |
| ____ Agency Table Maintenance | ____ Department Tree/Table VO |
| ____ HELP_POC_USER | |

By signing this request form, the undersigned agree the requested access is required for the employee's position of record. The employee acknowledges receiving a copy of the NIH ADP Security Rules of Behavior, agrees to abide by its contents, and all other applicable ADP system security policies and procedures.

PLEASE RETURN THE SIGNED FORM TO THE EHRP SECURITY ADMINISTRATOR (ADDRESS IS AT TOP LEFT OF FORM).

EMPLOYEE SIGNATURE _____ Date _____

SUPERVISOR SIGNATURE _____ Date _____

HR MANAGER SIGNATURE _____ Date _____

DIR-HRC-B SIGNATURE * (If required) _____ Date _____

EEO OFFICER SIGNATURE ** (If required) _____ Date _____

EHRP ADMINISTRATOR SIGNATURE _____ Date _____

ACCESS/DISCLOSURE AGREEMENT PERSONNEL INFORMATION

Office of Human Resources –NIH
DHHS

Authorized users of data, provided by the Office of Human Resources, (OHR), NIH are hereby notified about their responsibilities regarding the safeguarding of personnel data and information.

Data and information provided by OHR may contain sensitive and/or confidential information, including systems of records protected by the Privacy Act (i.e., records that are retrieved by unique, individual identifiers such as name, Social Security Number, address, etc. Data and information emanating from the OHR in any form including reports, records, email and documents affect the rights and benefits of individual employees as well as the interests of the government.

As an authorized user, you are to respect and maintain all security measures required to ensure that only authorized users have access to the data files and that access is based upon a legitimate "need to know." All users shall protect the integrity and security of these data files, including physical security and prevention of unauthorized disclosures.

Your signature on this form indicates that you have read the above statement and understand the importance of safeguarding data, and that unauthorized use or disclosure of such data may result in disciplinary action and/or criminal penalties, as specified within the Privacy Act of 1974 (5 U.S.C. 552a). In addition, it also indicates that you understand and accept the requirement that all disclosures (including the format and attributes of the release) must be cleared and approved by the proper authority.

Full Name (Please Print)

Signature

Date